File with: City or Town Clork or Licition Commission



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Fill in Ro	eporting Period dates:	Beginning Date:	Januar	y 1, 2011	Endi	ing Date:	January 1, 2	%	2
- ^	Report: (Check one)] 8th day preceding elec	ction [30 day	after electic	on 🔀 yes	r-end report		issolution
David Thil	pault-Munoz			n/a					
	Candidate Full Name (if	applicable)				Commit	tee Name		•
School Co	mmittee - Fitchburg Public Sc	hools		n/a					Markinsk B
	Office Sought and I	District				Name of Come	nittee Treasurer		
51 Longwo	ood Avenue, Fitchburg, MA 01	420	Y	n/a	•				
	Residential Add	'ess		İ		Committee M	ailing Address		:
Telephone Nu	amber (optional):			Telephone	Number (optio	onal):			
		SUMMARY BA	LANCI	E INFO	RMATIO	N:]
	Line 1: Ending Balan	ce from previous rep	ort	[anni anni anni anni anni anni anni anni	N.A.//		0	
	Line 2: Total receipts	this period (page 3, 1	line 11)	. [0	
·	Line 3: Subtotal (line	l plus line 2)		[0	May
	Line 4: Total expendi	tures this period (pag	ge 5, line	14) .		W		Q	
	Line 5: Ending Balan	co (line 3 minus line	4)	[-			0	
	Line 6: Total in-kind	contributions this per	iod (pag	e 6)			· · · · · · · · · · · · · · · · · · ·	0	
	Line 7: Total (all) out	standing liabilities (p	age 7)					0	
	Line 8: Name of bank	(s) used: Worker's Cre	edit Unior	(account	closed)				
I certify that I ! activity, includ	nmmittee Treasurer: have examined this report including a ling all contributions, loans, receipts, y of all persons acting under the auth	expenditures, disbursements	i, in-kind co	ntributions a	nd liabilities f	or this reporting p	eriod and repre-	fall camps sents the c	aign finance ampuign
Signed under	the penalties of perjury:	Dulk Tick	MM	2 P	(Treas	urer's signature)	Date:	Jan 26,	2012
FOR CAN	DIDATE FILINGS ONLY:	Affidavit of Candidate: (cl	heek 1 box	only)			,		
L certify the activity, o	te with Committee and no activity in the Committee and no activity in the Committee and the cauthoring under the authoring Habilities nor made any expenditu	ling attached schedules and it ty or on behalf of this commi	t is, to the b ittee in seco	rdance with					
I certify the	te without Committee OR Candida hat I have examined this report include stivity, including contributions, loans finance activity of all persons acting	ling attached schedules and i , receipts, expenditures, disbi	t is, to the b ursements, i	est of my kn n-kind contr	iowledge and b ibutions and li	abilities for this r	eporting period	and repres	
Signed under	the penalties of perjury:	in Ralt	WL-Q	* 	(Cand	idate's signature)	Date:	Jan 26,	2012
		• • • • • •				•			

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
n/ə	n/a	n/a	in/a	o
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		The state of the s		
				-

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Receiveds	Residential Address Description	of Contribution	Value
n/a	n/a	n/a		(
				and a fact in the fact of the
				A CONTRACT AND PARTY AND
A				
	,			
	4			
		Line 15: In-Kind Contributions over \$50 (or	listed above)	C
		Line 16: In-Kind Contributions \$50 & under	(not listed above)	(
	Enter on page 1, line 6 ⇒	Line 17: TOTAL IN-KIND CONTRIBUT	IONS	(

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Pald (alphabetical listing)	Address	Purpose of Expenditure	Amount
n/a	n/a	n/a	n/a	Q
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				and the second s
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transministration and the second seco	L	Line 12: Expenditures over \$50	0 (or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	Ó
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	(

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
n/a	n/a	n/a	n/a	. +
		And of the second secon		
	### ### ##############################	Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Euter on nage 1 line A →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{* 1}f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
n/a	n/a	0	n/a
V. (1)			
Var Colored			
	pts over \$50 (or listed above)	0	
<u> </u>	ipts \$50 and under* (not listed above) RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. v. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	[]		(101 00001110011000110011001100110011001
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	Lavaranta ta Aday		
	<u> </u>		
		•	
ne 9: Total Recei	ots over \$50 (or listed above)	0	
ne 10: Total Recei	pts \$50 and under* (not listed above)	0	
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	o	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.